**Application or Docket Number** 

## 09/52/852

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY  TYPE  OR			OTHER THAN SMALL ENTITY	
FC	PR .	NUMBE	R FILED	NUMBER (	EXTRA	RATE	FEE	] [	RATE	FEE
ВА	SIC FEE		Winds .	V. Control Fran			345.00	OR		690.00
TOTAL CLAIMS $\widehat{\mathcal{G}}$ minus 20= *				0= *		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS & minus 3 = * 2						X39=		OR	X78=	15%
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							OR	TOTAL	846.
	CL	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
ENT A	4.49	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total +	පි	Minus	20	= 📉	X\$ 9=		OR	X\$18=	
<b>AMENDMENT</b>	Independent +		Minus	·Q		X39=	·	OR	X78=	
	FIRST PRESENT	TATION OF MU	ILTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)			<b>-</b>		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
POM	Total +		Minus	. **	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent *		Minus	***	=	X39=		OR	X78=	
F	FIRST PRESEN	TATION OF MU	JLTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	אטטוו. דב			ADDII, FEE	· <del></del>
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total +		Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent •		Minus	***	=	X39=	1	OR	X78≃	
14	CIDAT DOCACH	TATION OF ME	HITIDIE DEC	DENIDENT OF AIM			•		1	•

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+130=

ADDIT. FEE

TOTAL

+260=

ADDIT. FEE

TOTAL

## This Fe is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/521852
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FORM OIPE-RAM-01 (Rev. 12/97)

		Total Fe	e Calculati	ם ני		
<u>F.</u>	e Code	Total # Claums	Soumber Extra S	: Fee	Fee	- Total
Busic Filing Fee 20  Total Claims >20  Independent Claims >1 20  Mult. Dep Claim Present 20  Surcharge 20  English Translation		9 3	· _ ×	S.n. Entiry	78.00 78.00	
TOTAL FEE CALCULATIO	<u> </u>					976.00
Fees due upon filing the ap	plication					
Total Filing Fees Due =	\$	976.	00		-	
Less Filing Fees Submined	- S	Ø				
Office of Initial Potent Example	= S function	976.0	7			
FORM OURS BANK OF THE		Hig	ure 7		-	